UNITED STATES BANKRUPTCY COURT	PROOF OF CLAIM	COURT USE ONLY		
In re (Name of Debtor)	Cana Musahasi			
Southern District Of Texas (Louston)	Case Number:			
Name of Creditor: (The person or other entity to whom the debtor owes money or property)				
NAME AND ADDRESS WHERE NOTICES SHOULD BE SENT (NOTE: STRIKE any pre-printed text that is incorrect AND type or print correct information):	Check box if you have NEVER received any notices from the Bankruptcy Court in this case.	اد مالک کا ATES COUR CUTHIRM DISTRICT OF TEX FILED		
Safety - Kleen Corporation Attn: Carol Russell 2nd Floor Post Office Box 11393	Check box if you CHANGED any of the pre-printed address so that it now differs from the address on the envelope sent to you by the court.	JUL 0 3 2000		
Columbia, South Carolina 29211	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	Cichael N. Milby, Clerk		
Creditor's Telephone No.: 803-933-4264				
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:	Check here if this claim	reviously filed claim, dated:		
1. BASIS FOR CLAIM: Goeds sold Services performed Money loaned Personal injury/wrongful death Taxes Other (describe briefly):	Retiree benefits as defined in 11 U.S. Wages, salaries, and compensation of Your social security number Unpaid compensation for services particular from (date)	(fill out below)		
2. DATE DEBT WAS INCURRED:	3. IF COURT JUDGMENT, DATE OBTA	INED:		
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classification (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one	ied as one or more of the following: (1) Unsec e category and part in another.	ured nonpriority.		
CHECK THE APPROPRIATE BOX OR BOXES below that best describe your cla	im and STATE THE AMOUNT OF THE CLAIM	AT TIME CASE FILED.		
SECURED CLAIM \$	DUNSECURED PRIORITY CLAIM \$			
Attach evidence of perfection of security interest.	Specify the priority of the claim.			
Brief Description of Collateral: Real Estate Motor Vehicle Other (Describe briefly)	_ · · · · · · · · · · · · · · · · · · ·	· - ·		
Amount of arrearage and other charges at time case filed included in secured claim above, if any \$	Contributions to an employee be	1 1 1		
UNSECURED NONPRIORITY CLAIM & 4140.01 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.	services for personal, family, or he Taxes or penalties of government Other-Specify applicable paragra	1		
5. TOTAL AMOUNT OF CLAIM AT TIME CASE \$ \(\frac{1}{4} \) \(\fra	\$(Priority) the claim. Attach itemized statement of all ad-	s 4140.0 (Total)		
6. CREDITS AND SETOFFS. The amount of all payments on this claim has been of making this proof of claim. In filing this claim, claimant has deducted all amo	redited and deducted for the purpose			
7. SUPPORTING DOCUMENTS. <u>Attach copies of supporting documents</u> , such as invoices, itemized statements of running accounts, contracts, court judgments. documents are not available, explain. <u>If the documents are voluminous</u> , attach a second contracts.	or evidence of security interests. If the	• •		
8. TIME-STAMPED COPY. To receive an acknowledgement of the filing of your classociety and copy of this proof of claim.				
SIGN AND PRINT the name AND title, if any, of the authorized to file this claim (attach copy of power of Carol Russell Credit Depart	of attorney, if any):			

PENALTY for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.

18 U.S.C. §§ 152 and 3571.

ARBZ	 C112
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OPEN INVOICE DISPLAY

2000-06-28 PC

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CUSTOMER 0002-1176-12	LOC 619401 ENTER	CUSTOMER 1	WMBER.		
STAGE STORES, INC.	ACTIVE 03	/03/1999	BIL	L TO 00	02-1176-12
ATTN: JAMES SOLOMON	CREDIT CD D				
506 BEALL BLVD.					
JACKSONVILLE	TX 75766	TOT	FIN CHG	OVR 45	OVR 60
903-589-5618			0.00	103.05	103.05
AGE INVOICE # INV DT	PAYMT DT	INVOICE	TAX	PAYMENT	BALANCE
241 F99100 10/31/9	9	1.03			1.03
272 F99090 09/30/9	9	1.01			1.01
302 F99080 08/31/9	9	1.01			1.01
333 F99070 07/31/9	9	1.00			1.00
407 M79178 05/18/9	9	99.00			99.00

0-30	31-60	61-90	91-120	121-180	OVER 180	TOTAL DUE
0.00	0.00	0.00	0.00	0.00	103.05	103.05
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\$\$0012I INQUIRY COMPLETE

PF1=HELP, PF2=PREV, PF3=EXIT, PF5=RFSH, PF7=BWD, PF8=FWD, PF10=PRVCUST, PF11=NXTCUST PF12=DOCUMENT NUM, PF18=NEW HIST, PF19=OLD HIST

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	CUSTOMER 0002-	0889-48	LOC <u>619</u>	401 EN	TER CUSTO	MER N	UMBE	R.			
	STAGE STORES,	INC.	AC	TIVE	01/12/19	99		${ t BILL}$	\mathbf{TO}	000	02-0889-48
	506 BEALL BLVD) <u> </u>	CR	EDIT C	DH						
	ATÍN: JAMES SC	LOMON									
	JACKSONVILLE		TX	75766		TOT	FIN	CHG	OVR	45	OV R 60
	903-589-5618						Ο.	00 :	3101.	.97	3101.97
	AGE INVOICE #	INV DT	PAYMT	DT	INVOIC	E	\mathbf{T}	AX I	PAYMI	ENT	BALANCE
	12 12868378	06/16/00			618.0	0					618.00
	42 12540240	05/17/00			122.8	6					122.86
	42 12540239	05/17/00			632.0	0					632.00
	241 F99100	10/31/99			29.3	4					29.34
	245 M69261	10/27/99	11/28/	99	294.0	0			36.	.75-	257.25
	272 F99090	09/30/99			27.6	1.					27.61
	302 F99080	08/31/99			27.6	1					27.61
	333 F99070	07/31/99			27.3	4					27.34
	364 F99060	06/30/99			28.2	2					28.22
	407 767555	05/18/99			2704.6	O					2704.60
	0-30	31-60	61-9	0	91-120	121-	180	OVER	180		TOTAL DUE
	618.00	754.86	0.0	0	0.00	0	.00	3101	L.97		4474.83
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\$\$0012I INQUIRY COMPLETE

PF1=HELP, PF2=PREV, PF3=EXIT, PF5=RFSH, PF7=BWD, PF8=FWD, PF10=PRVCUST, PF11=NXTCUST PF12=DOCUMENT NUM, PF18=NEW HIST, PF19=OLD HIST

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198 OA-M69261 12/13/99 12/13/99

0-30	31-60	61-90	91-120	121-180	OVER 180	TOTAL DUE
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PF1=HELP, PF2=PREV, PF3=EXIT, PF5=RFSH, PF7=BWD, PF8=FWD, PF10=PRVCUST, PF11=NXTCUST PF12=DOCUMENT NUM, PF18=NEW HIST, PF19=OLD HIST

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